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CONFIRMATION NO. 5170

<b>SERIAL NUMBER</b> 10/701,207	<b>FILING OR 371(c) DATE</b> 11/04/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 60,210-193
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*Dix PB*

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/083,266 02/23/2002 PAT 6,679,862 which claims benefit of 60/271,187 02/23/2001

*Yes PB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None PB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PR	SHEETS DRAWING 22	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Philip Gray</i> Examiner's Signature	<i>PB</i> Initials			

## ADDRESS

27305

## TITLE

Integrated medication delivery system

<b>FILING FEE RECEIVED</b> 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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